31-C R.C. 3517.10

TUK PAPEK TILING UNLI

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| Page _ | | _ |

Statement of Loans Received

Prescribed by Secretary of State 3/05

| | | | | FIESCIID | cu by sec | icialy of | State 3/03 | | | | |
|--|------------------|------------------|------------------|--|--------------|-----------|--------------------------|----------------------------------|----------------|---------------------------------------|---------------------------|
| Full Name of Committee David Tyack for Jud | dge Con | nmittee | | | | | | | | | |
| From Whom Received David B. Tyack | | | | | | | | | nount | | Amt, Incurred this Period |
| ^ঝুল্ডেs S. High St. | | | | | | | | | | | Outstanding Balance |
| ^{Ci} Columbus | St ate OH | 43215 | | | Loan Date | s Receiv | ed This Period Amount | Payments This Period Date Amount | | | |
| Date Loan was originally Incurred | 1 ^M 0 | 0 ^D 5 | 1 ^Y 5 | 1 O | D | 1 5 | ^{\$} 1000.00 | М | D | Y | s 0 |
| Registration Number, if PAC | , | !'_ | | М | D | Ÿ | | М | D | Y | |
| Employer/Occupation/Labor Organization* Franklin County | | | | M | D | Y | | М | D _. | Y | |
| From Whom Received | | | | | 1 | 1 | | Prior Ar | nount | <u> </u> | Amt, Incurred this Period |
| Address | | | | | | | | | | | Outstanding Balance |
| City | St ate OH | Zip Code | | | Loan Date | s Receiv | ed This Period Amount | | Date | This Period Amount | |
| Date Loan was originally Incurred | М | D | Ý | М | D | Y | S | М | D | Y | \$ |
| Registration Number, if PAC | | <u> </u> | | М | D | Y | | М | D | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| Employer/Occupation/Labor Organiza | tion* | | • | М | D | Y | | М | D, | Y | |
| From Whom Received | | | | • | | | | Prior An | ! nount | <u> </u> | Amt. Incurred this Period |
| Address | | | | | | | | | | | Outstanding Balance |
| City | St ate OH | Zip Code | | Loans Received This Period Date Amount | | | | Payments This Period Date Amount | | | |
| Date Loan was | М | D | Y. | М | D | Y | s | М | D | Y . | \$ |
| originally Incurred Registration Number, if PAC | <u> </u> | <u> </u> | | М | D | Y | | М | D | Y | <u> </u> |
| Employer/Occupation/Labor Organiza | tion• | | | M | D | Y | | М | D | Y | |
| Required for contributions from the individual's business, if any, labor organization of which the e | rather than en | nployer shou | ld be lis | sted. If to | wo or mo | ore emp | loyees contribute via | | | | |
| If a loan is forgiven, write "Fo income (Form No. 31-A-2). Ti Balance to the Cover page (Fo | ansfer total | of all paym | | | | | | | | | |
| Total prior amount \$ \$0 | 0.00 | | | | | | | | | | |

(To Form No. 31-A-2)

(To Form No. 31-B)

(To Form No. 30-A)

1000.00

\$0.00

1000.00

² Total received this period \$

³ Total payments this period \$

⁴ Total Outstanding Balance \$